Departmental inspection form – Laboratory

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| --- | --- | --- | --- |
| Date: | Department: | Building & Room: | |
| Contact Person/Supervisor: | | | Ext: |
| Inspected By: | | | Ext: |

**Record findings as: (√ ) Meets Requirements (X) Action Required (N/A) Not Applicable**

**Use item numbers to comment on reverse side of form for unsatisfactory items, document corrective actions.**

|  |  |  |
| --- | --- | --- |
| Signs & Labels |  | |
| 1. First Aid Emergency |  | |
| 1. Fire/Evacuation |  | |
| 1. Emergency Procedure |  | |
| 1. Hazardous Materials Spills |  | |
| 1. Phone 911 Label |  | |
| 1. Lab Hazards poster, off hour contact to UW Police |  | |
| 1. Hazardous Waste Disposal |  | |
| 1. No Disposal of Chemicals into Sinks |  | |
| First Aid Stations/Kits |  | |
| 1. Stocked |  | |
| 1. Accessible |  | |
| 1. Regularly Inspected |  | |
| 1. First Aiders |  | |
| Fire Extinguishers |  | |
| 1. Seal Unbroken |  | |
| 1. Accessible |  | |
| 1. Proper Type |  | |
| 1. Regularly Inspected |  | |
| General |  | |
| 1. Phone Access |  | |
| Floors and Aisles |  | |
| 1. Clean |  | |
| 1. Aisles Clear |  | |
| 1. Good Condition |  | |
| Doors and Exits |  | |
| 1. Accessible |  | |
| 1. Identified |  | |
| Lighting |  | |
| 1. Adequate |  | |
| 1. Operating Properly |  | |
| Emergency Shower/Eye Wash | |  |
| 1. Accessible, Run Weekly |  | |
| 1. Within 10 sec Travel Time |  | |
| 1. Clearly Identified |  | |
| 1. Good Condition |  | |
| Personal Protection |  | |
| 1. Footwear |  | |
| 1. Eye Protection |  | |
| 1. Gloves /Protective Clothing |  | |
| 1. Hearing Protection |  | |
| 1. Fall Protection |  | |
| Safety Program Participation | |  |
| 1. X-ray Equipment |  | |
| 1. Lasers |  | |
| 1. Radioactive Materials |  | |
| 1. Bio-hazardous Materials |  | |

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| Natural gas shut off valves |  |
| 1. Accessible |  |
| 1. Identified |  |
| Electrical |  |
| 1. Wire Condition |  |
| 1. Proper Grounding |  |
| 1. Adequate Outlets |  |
| 1. Extension Cords temporary use only |  |
| 1. C.S.A. or equivalent certification |  |
| 1. Electrical Panels Accessible |  |
| 1. GFI’s used in wet areas |  |
| 1. Lockout/Tagout procedures |  |
| Equipment |  |
| 1. Pre-use Inspection record |  |
| 1. Clean |  |
| 1. Properly Guarded |  |
| 1. Good Condition |  |
| Ventilation |  |
| 1. Temperature |  |
| 1. Dust Control |  |
| 1. Fume Control |  |
| 1. Equipment maintained |  |
| 1. Guarding adequate |  |
| Chemical Storage |  |
| 1. Identification |  |
| 1. Segregated by hazard class |  |
| 1. Flammable Liquids Stored properly & less than 5L container size |  |
| 1. SDS Available (current) |  |
| 1. WHMIS Labels |  |
| 1. Dated Peroxides |  |
| 1. Suitable & Labelled Refrigerator |  |
| Hazardous Waste |  |
| 1. Proper Segregation |  |
| 1. Procedure |  |
| 1. Regular Disposal |  |
| 1. Proper Storage, Containment |  |
| Spill Kits |  |
| 1. Appropriate |  |
| 1. Stocked |  |
| Compressed Gas Cylinders |  |
| 1. Secured |  |
| 1. Properly Marked |  |

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| 1. Properly Stored, Maximum Quantity Not Exceeded, Segregated |  |
| 1. Proper Regulators |  |
| 1. Cylinder Carts Used |  |
| Regular Waste Containers |  |
| 1. Adequate Type |  |
| 1. Labelled Broken Glass Container |  |
| Laboratory Benches |  |
| 1. Clean |  |
| 1. Good Condition |  |
| 1. Adequate Space |  |
| Fume Hood |  |
| 1. Adequate Number |  |
| 1. Adequate Type |  |
| 1. Clean |  |
| 1. Good Condition |  |
| 1. Face Velocity Tested |  |
| 1. Flow Alarm |  |
| Pressure & Vacuum Vessels |  |
| 1. Safety Valves |  |
| 1. Vent Lines |  |
| 1. Inspection Certificate |  |
| 1. Shielding |  |
| 1. Tubing/Clamps |  |
| Centrifuges |  |
| 1. Clean |  |
| 1. Inspect Rotors |  |
| Refrigerators |  |
| 1. Type |  |
| 1. Labels |  |
| Local Exhaust Ventilation |  |
| 1. Check filter (if applicable) |  |
| 1. Inspect connections |  |
| Training |  |
| 1. WHMIS Training (valid for 5 years) |  |
| 1. Compressed Gas |  |
| 1. Equipment Specific |  |
| 100. Ladder, Lifting Devices |  |
| 101. Laboratory Training |  |
| Other Training (specify) |  |
| Other Items or Equipment |  |
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| Inspected By: | | | Ext: |

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| Action Items and Comments | Recommended Action(s) | Priority\* | Person Responsible | Date Completed |
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**\*High** – Response required within 24 hours - Immediately dangerous to life and health

**Medium** – Response required within 14 days - Potential to cause injury but not immediately dangerous

**Low** – Response required within 14 days – May result in minor or no injury, but should be corrected

**Monitor –** Revisit within 90 days – Compliant, but circumstances may change or deteriorate